



**Testimony to the Committee on Children
House Bill 5461: An Act Imposing A Tax on Sugary Soft Drinks and Candies
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I would like to thank Chairwoman Bartomeo and Chairwoman Urban and the Committee for providing me with the opportunity comment on House Bill 5461, An Act Imposing A Tax on Sugary Soft Drinks and Candies on behalf of the American Heart Association

The American Heart Association supports a penny per ounce excise tax on sugar-sweetened beverages as proposed in the bill. The American Heart Association defines sugar-sweetened beverages as any nonalcoholic beverage, carbonated or noncarbonated, which is intended for human consumption and contains any added caloric sweetener. We are concerned that HB5461 defines “Sugary Soft Drinks” differently and look forward to working with the Representative Candelaria and the committee to clearly define the terms as they pertain to “Sugary Soft Drinks”. We also feel strongly that a portion of the revenues raised by the tax are targeted to addressing Connecticut’s childhood obesity crisis. Our primary goal is to implement effective strategies to curb the obesity epidemic and improve the health of kids in Connecticut. Research is clear that sugary drinks are the number one source of added sugars in kids diets today and that a tax of at least a penny-per-ounce on sugary drinks may effectively reduce consumption

Connecticut is facing an obesity crisis that impacts citizens of all ages. Our state’s youth, in particular, are being negatively impacted by the obesity crisis. In the 2013 Youth Risk Behavior Survey (YRBS) showed that 13.9% of students were classified as overweight (defined as a body mass index (BMI) at or above the 85th percentile up to the 95th percentile¹) and 12.3% were classified as obese (defined as a BMI at or above the 95th percentile²).³ There also exist a large disparity, in terms of obesity rates, between white students and Black and Hispanic/Latino students. 18.1% of Black students and 18.9% of Hispanic/Latino students were categorized as obese compared to 9.8% of white students in the YRBS.⁴

The evidence is also clear that the obesity crisis is affecting all age groups in our state. In the 2013 Behavioral Risk Factor Surveillance Survey (BRFSS), 37.6% of adults were classified as overweight (defined as a body mass index (BMI) between 25.0-29.9) and 25.0% were classified

¹ Pediatrics Vol. 120 No. Supplement 4 December 1, 2007 pp. S164 -S19,
<http://www.musckids.org/heart/health/Physican%20Resources/AAP%20Summary.pdf>

² Pediatrics Vol. 120 No. Supplement 4 December 1, 2007 pp. S164 -S192
<http://www.musckids.org/heart/health/Physican%20Resources/AAP%20Summary.pdf>

³ Connecticut Department of Public Health (2014). 2013 Youth Risk Behavior Survey Results Connecticut High School Survey Summary Tables. Retrieved from:
http://www.ct.gov/dph/lib/dph/hisr/pdf/yrbs2013ct_summary_tables.pdf

⁴ Connecticut Department of Public Health (2014). 2013 Youth Risk Behavior Survey Results Connecticut High School Survey Summary Tables. Retrieved from:
http://www.ct.gov/dph/lib/dph/hisr/pdf/yrbs2013ct_summary_tables.pdf

as obese (defined as a BMI of 30.0 or above).⁵ The prevalence of overweight and obesity in Connecticut is a significant public health issues. Excess weight is associated with chronic diseases such as heart disease and type 2 diabetes.⁶

A sugar-sweetened beverage excise tax coupled with childhood obesity prevention funding are critical strategies that could reduce childhood obesity rates and improve the health of not only children, but the health of Connecticut's residents who are overweight or obese. The proposal to apply the state sales tax to soft drinks could lead to a decrease in consumption and therefore have an impact on curbing the obesity rate.

Sugar-sweetened beverages are staples of today's American diet.⁷ These beverages are inexpensive, abundant, high in calories, deliver little or no nutrition, and appeal to our taste for sweetness. They are heavily marketed, especially to children, often using celebrities, sports stars, and cartoon characters. These facts coupled with emerging data suggesting that high intake of added sugars can exacerbate existing health problems and contribute to essential nutrient shortfalls makes for a troubling health scenario for our state.⁸ More than for any category of food, scientific studies have shown that consumption of sugar-sweetened beverages contributes to poor diet, and risk for obesity, diabetes and a number of other serious health problems.

On average Americans consume 22 teaspoons - or 352 calories - of added sugars a day, the equivalent of about 2, 12 ounce soft drinks. Teens (age 12-17 years) and children (age 6 – 11 years) average 17 percent of their total calorie intake per day from added sugars. Consumption of SSBs has increased 500% in the past fifty years and is now the single largest category of caloric intake in children, surpassing milk a decade ago.⁹ Children take in 10-15% of their total daily calories from SSBs.¹⁰ Several scientific studies have shown that soft drinks are directly related to weight gain.¹¹ Weight gain is a prime risk factor for type 2 diabetes, heart attacks, strokes, and cancer. Frequent consumption of soft drinks is also linked to osteoporosis, tooth decay, and dental erosion.¹²

⁵ Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services. Behavioral Risk Factor Surveillance System.

<http://apps.nccd.cdc.gov/brfss/display.asp?cat=OB&yr=2013&qkey=8261&state=CT>.

⁶ Connecticut Department of Public Health. April, 2014. Live Healthy Connecticut, A Coordinated Chronic Disease Prevention and Health Promotion Plan. Hartford, CT: Connecticut Department of Public Health.

<http://www.ct.gov/dph/cwp/view.asp?a=3137&Q=543772>

⁷ Reedy J, Krebs-Smith SM. Dietary sources of energy, solid fats, and added sugars among children and adolescents in the U.S. *J Am Diet Assoc.* 2010;110(10):1477-1484 <http://www.nccor.org/downloads/jada2010.pdf>

⁸ Kosova EC, Auinger P, Bremer AA. The relationship between sugar-sweetened beverage intake and cardiometabolic markers in young children. *J Acad Nutr Diet.* 2013;113(2):219-227

<http://sugarnutrition.org.uk/Sugar-Sweetened-Beverage-Intake-Cardiometabolic-Markers-Young-Children.aspx>

⁹ Block G. Foods contributing to energy intake in the U.S.: data from NHANES III and NHANES 1999–2000. *J Food Comp Anal.* 2004; 17:439–47

¹⁰ Wang YC, et al. Increasing Caloric Contribution from Sugar-Sweetened Beverages and 100% Fruit Juices Among US Children and Adolescents, 1988-2004. *Pediatrics.* 2008; 121:e1604-e1614

¹¹ Vartanian LF, Schwartz MB, Brownell KD. Effects of soft drink consumption on nutrition and health: a systematic review and meta-analysis. *Am J Public Health* 2007 Apr;97(4):667-75.

¹² Jacobson MJ. Liquid Candy – How Soft Drinks are Harming Americans' Health. Washington; DC: Center for Science in the Public Interest, June 2005.

http://www.cspinet.org/new/pdf/liquid_candy_final_w_new_

Utilizing lessons learned in addressing tobacco use, strategies like the excise tax of sugared beverages should be part of a comprehensive approach to address obesity and the many factors contributing to problem. As we saw with the cigarette excise tax, *significantly* raising the price of the product is the most effective way to prevent youth smoking, and coupled with a strong tobacco control program, is also the best way to get smokers to quit. The same could be true with an excise tax on unhealthy drinks. The March 2010 issue of Health Affairs magazine stated that a penny an ounce tax on sugar-sweetened beverages is likely to be the single most effective measure against the childhood obesity epidemic.¹³ Through a review of 160 studies, they found that a 10% increase in sugar sweetened beverage prices would reduce consumption by approximately 8%.¹⁴¹⁵

We look forward to working with the sponsor of House Bill 5461 and the members of the committee to make this legislation more effective and address the public health issue associated with our state's childhood obesity crisis. The tax on sugary drinks is a first step towards solving the problem.

Thank you,



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¹³ Thomas R. Frieden, William Dietz, and Janet Collins Health Aff March 2010 29:357-363, <http://content.healthaffairs.org/content/29/3/357.full.pdf+html>

¹⁴ Andreyeva T, et al. The Impact of Food Prices on Consumption: A Systematic Review of Research on the Price Elasticity of Demand for Food. American Journal of Public Health, 2010;100(2):216-222. <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2804646/>

¹⁵ John Cawley, The Economics Of Childhood Obesity, *Health Affairs*, 29, no. 3(2010)347-371 <http://content.healthaffairs.org/content/29/3/364.full.pdf+html>